

EXHIBIT B



U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

November 27, 2019

Rebecca Brown

[REDACTED]
Lowell, MA 01852

RE: DEA Case No.: [REDACTED]
Asset I.D. No.: [REDACTED]
Property: \$82, 373.00 U.S. Currency
Judicial District: Western District of Pennsylvania

Dear Ms. Brown:

The Drug Enforcement Administration (DEA) has received the submission regarding the above-referenced asset(s). The following information is provided:

The claim has been accepted and this matter has been referred to the judicial district noted above. Please direct all inquiries regarding this matter to that office.

Further correspondence to DEA regarding this matter must reference the DEA case and asset identification numbers noted above and must be addressed to the Forfeiture Counsel, Drug Enforcement Administration, Asset Forfeiture Section, 8701 Morrisette Drive, Springfield, Virginia 22152. Correspondence will be deemed *filed (or submitted)* on the **business** date it is actually received by the Forfeiture Counsel at the address listed above. Correspondence **will not be accepted nor considered filed on weekends or federal holidays**, or when it is received by any other office or official, such as a court, United States Attorney's Office, or local DEA office. In addition, a Claim or Petition is not considered filed or submitted if received by facsimile transmission. Finally, correspondence is not considered filed or submitted on the date it is mailed or delivered to any person for delivery to the Forfeiture Counsel.

Sincerely,

A handwritten signature in black ink, appearing to be "S. [unclear]".

Asset Forfeiture Section
Office of Operations Management

SECTION I – CONTACT INFORMATION

CLAIMANT INFORMATION	
Claimant/Contact Name: (Last, First) BROWN, REBECCA	
Business/Institution Name: (if applicable)	Prisoner ID: (if applicable)
Address: (Include Street, City, State, and Zip Code) [REDACTED] LOWELL, MA 01852	
Social Security Number/Tax Identification Number: (Enter N/A if you do not have one) [REDACTED]	
Please provide an explanation why you do not have a Social Security Number, if above is N/A:	
Phone: (optional)	Email: (optional)
ATTORNEY INFORMATION (if applicable)	
Attorney Name: (Last, First)	
Attorney Title:	
Firm Name: (if applicable)	
Attorney Address: (Include Street, City, State, and Zip Code)	
Are you an attorney filing this claim on behalf of your client? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Attorney Phone: (optional)	Attorney Email: (optional)

If any of this information changes, you are responsible for notifying the agency of the new information.

SECTION II – ASSET LIST

List each asset ID and asset description that you are claiming.

#	Asset ID	Asset Description
1	[REDACTED]	\$ 82,313.00 US CURRENCY

SECTION III – INTEREST IN PROPERTY

Identify your interest in each of the assets you are claiming. If you are filing for multiple assets and the responses are not the same for each asset, please print out multiple copies of this page to submit with the claim. If you have documentation that supports your interest in the claimed assets (e.g., bill of sale, retail installment agreements, contracts, titles or mortgages), please include copies of the documents with the submission of the claim.

INTEREST IN PROPERTY INFORMATION	
Asset ID	Asset Description
	I HAVE 100% POSSESSORY INTEREST OF SEIZED ASSET.
	I HAVE CO-OWNERSHIP INTEREST OF 100% SEIZED CASH W/ AUGUST ROUN.

In the space below, please explain why you have a valid, good faith, and legally recognizable interest in this asset:

THIS IS MY FATHERS AND GRANDFATHERS
LIFE SAVINGS.

In the space below, please list any documents you are including in support of your interest in the asset(s). If none are included, please explain why.

SECTION IV – RECOVERY OF LOSS

Complete this section for assets you have recovered all or a portion of your losses either via an insurance claim and/or via some other source of recovery. If you have more recovery of loss information than may fit on this page, print out multiple copies of this page to attach with the claim and indicate which assets apply to each page. If you have not received any recovery of your losses, then leave this section blank.

RECOVERY OF LOSS INFORMATION	
Asset ID	Asset Description

INSURANCE CLAIM INFORMATION (if applicable)	
Name of Insured: (Last, First)	
Policy Number:	Claim Number:
Name of Insurance Company:	Name of Insurance Agent: (Last, First)
Insurance Company Address: (Include Street, City, State, and Zip Code)	
Phone: (optional)	Email: (optional)
Have you received compensation from the insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO	Amount of Compensation:

If other sources of recovery exist (e.g., restitution, returns on investment or other settlements), please list and describe the details below.

OTHER SOURCE(S) OF RECOVERY (if applicable)	
Source of Recovery 1:	Amount of Recovery:
Source of Recovery 2:	Amount of Recovery:

In the space below, please list any documents you are including in support of your claim of recovery of loss. If none are included, please explain why.

SECTION V – DECLARATION

The following declaration must be completed by the claimant.

I attest and declare under penalty of perjury that my claim is not frivolous and the information provided in support of my claim is true and correct to the best of my knowledge and belief.

Rebecca Brown Signature

ROBECCA BROWN. Printed Name

11.8.19. Date

If a court finds that a claimant's assertion of an interest in property was frivolous, the court may impose a civil fine. Title 18 United States Code, Subsection 983(h). A false statement or claim may subject a person to criminal prosecution under Title 18 United States Code, Sections 1001 and 1621.



U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

November 27, 2019

August T. Rolin

[REDACTED]
Morgan, PA 15064

RE: DEA Case No.: [REDACTED]
Asset I.D. No.: [REDACTED]
Property: \$82,373.00 U.S. Currency
Judicial District: Western District of Pennsylvania

Dear Mr. Rolin:

The Drug Enforcement Administration (DEA) has received the submission regarding the above-referenced asset(s). The following information is provided:

The claim has been accepted and this matter has been referred to the judicial district noted above. Please direct all inquiries regarding this matter to that office.

Further correspondence to DEA regarding this matter must reference the DEA case and asset identification numbers noted above and must be addressed to the Forfeiture Counsel, Drug Enforcement Administration, Asset Forfeiture Section, 8701 Morrisette Drive, Springfield, Virginia 22152. Correspondence will be deemed *filed (or submitted)* on the **business** date it is actually received by the Forfeiture Counsel at the address listed above. Correspondence **will not be accepted nor considered filed on weekends or federal holidays**, or when it is received by any other office or official, such as a court, United States Attorney's Office, or local DEA office. In addition, a Claim or Petition is not considered filed or submitted if received by facsimile transmission. Finally, correspondence is not considered filed or submitted on the date it is mailed or delivered to any person for delivery to the Forfeiture Counsel.

Sincerely,

A handwritten signature in black ink, appearing to be "S. A. [unclear]".

Asset Forfeiture Section
Office of Operations Management

SECTION I – CONTACT INFORMATION

CLAIMANT INFORMATION	
Claimant/Contact Name: (Last, First) ROVIN, AUGUST TERRANCE	
Business/Institution Name: (if applicable)	Prisoner ID: (if applicable)
Address: (Include Street, City, State, and Zip Code) [REDACTED] MORGAN, PA 15064.	
Social Security Number/Tax Identification Number: (Enter N/A if you do not have one) [REDACTED]	
Please provide an explanation why you do not have a Social Security Number, if above is N/A:	
Phone: (optional)	Email: (optional)
ATTORNEY INFORMATION (if applicable)	
Attorney Name: (Last, First)	
Attorney Title:	
Firm Name: (if applicable)	
Attorney Address: (Include Street, City, State, and Zip Code)	
Are you an attorney filing this claim on behalf of your client? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Attorney Phone: (optional)	Attorney Email: (optional)

If any of this information changes, you are responsible for notifying the agency of the new information.

SECTION II – ASSET LIST

List each asset ID and asset description that you are claiming.

#	Asset ID	Asset Description
1	[REDACTED]	\$82,373.00 us currency

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INTEREST IN PROPERTY INFORMATION	
Asset ID	Asset Description
	I HAVE CO-OWNERSHIP INTEREST OF 100% SEIZED CASH W/ REBECCA BROWN!

In the space below, please explain why you have a valid, good faith, and legally recognizable interest in this asset:

THIS IS MINE AND MY FATHERS LIFE SAVINGS.

In the space below, please list any documents you are including in support of your interest in the asset(s). If none are included, please explain why.

SECTION IV – RECOVERY OF LOSS

Complete this section for assets you have recovered all or a portion of your losses either via an insurance claim and/or via some other source of recovery. If you have more recovery of loss information than may fit on this page, print out multiple copies of this page to attach with the claim and indicate which assets apply to each page. If you have not received any recovery of your losses, then leave this section blank.

RECOVERY OF LOSS INFORMATION	
Asset ID	Asset Description

INSURANCE CLAIM INFORMATION (if applicable)	
Name of Insured: (Last, First)	
Policy Number:	Claim Number:
Name of Insurance Company:	Name of Insurance Agent: (Last, First)
Insurance Company Address: (Include Street, City, State, and Zip Code)	
Phone: (optional)	Email: (optional)
Have you received compensation from the insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO	Amount of Compensation:

If other sources of recovery exist (e.g., restitution, returns on investment or other settlements), please list and describe the details below.

OTHER SOURCE(S) OF RECOVERY (if applicable)	
Source of Recovery 1:	Amount of Recovery:
Source of Recovery 2:	Amount of Recovery:

In the space below, please list any documents you are including in support of your claim of recovery of loss. If none are included, please explain why.

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I attest and declare under penalty of perjury that my claim is not frivolous and the information provided in support of my claim is true and correct to the best of my knowledge and belief.

 Signature

August T. Rouin Printed Name

11.8.19 Date

If a court finds that a claimant's assertion of an interest in property was frivolous, the court may impose a civil fine. Title 18 United States Code, Subsection 983(h). A false statement or claim may subject a person to criminal prosecution under Title 18 United States Code, Sections 1001 and 1621.